

**Listing of the Claims:**

1. (Currently Amended) A wire for insertion into intravital tracts using as a principal wire flexible filaments to be inserted into an intravital tract, the tip of that principal wire being provided with a capture filter,

the wire for insertion into intravital tracts being characterized in that the capture filter comprises a filter body

formed into a mesh state by knitting filaments in a pipe shape with a closed farther end and an opened nearer end;

support wires formed by dividing the filaments at the opened nearer end into a plurality of sets, each set of filaments twined together, wherein ends of the plurality of sets of filaments are spliced to the principal wire;

each of the support wires extends radially in the direction toward the closed farther end and in the direction of the outer diameter, meshes defined by the mesh state are knit into a concave shape facing the support wires and are inclined toward the outer circumference of the filter body in a lying posture relative to the blood current, and the mesh size of the meshed material decreases toward the central part of the concave which is the farther end direction.

the filaments constituting the support wires and filter body have an elastic force to form the shape.

2. (Cancelled).

3. (Previously Presented) The wire for insertion into intravital tracts according to claim 1, characterized in that:

The filaments constituting the plurality of support wires and filter body consist of a shape-memory alloy.

4. (Cancelled)

5. (Previously Presented) The wire for insertion into intravital tracts according to claim 1, characterized in that:

it is provided with a guide wire joined to the convex side of the filter body and extending in the farther end direction.

6. (Original) The wire for insertion into intravital tracts according to claim 5, characterized in that:

the central part of the filter body is joined to the nearer end side of a first tubular piece and fixed to the first tubular piece in a state in which the nearer end of the guide wire is inserted into the farther side of that first tubular piece.

7. (Previously Presented) The wire for insertion into intravital tracts according to any one of claim 1, characterized in that:

the nearer ends of the plurality of support wires are all fixed to a second tubular piece in a state in which they are inserted into the farther side of the second tubular piece, and fixed to the second tubular piece in a state in which the tip of the principal wire is inserted into the nearer side of the second tubular piece.